

FFR 03 7006

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7590

11/14/2005

Samuel H. Dworetsky
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 Post Office Box 4110
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02/03/2006 HUONG2 00000060 502186 10719405

01 FC:1501 1400.00 DA
 02 FC:8001 3.00 DA

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|-----------------|-------------|
| APPLICATION NO. | FILING DATE |
| 10/19/405 | 11/21/2003 |

FIRST NAMED INVENTOR

Charles Robert Kalmanek JR.

ATTORNEY DOCKET NO.

CONFIRMATION NO.

113335CON2

3354

TITLE OF INVENTION: METHOD FOR EXCHANGING SIGNALING MESSAGES IN TWO PHASES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$0 | \$1400 | 02/14/2006 |
| EXAMINER | ART UNIT | | CLASS-SUBCLASS | | |
| BUI, BING Q | 2642 | | 379-219000 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.103).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AT&T Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, N.Y.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502,186 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Ronald D. Slusky

Typed or printed name

Date 2/1/06

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